

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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Application ID: 09683070

Title of Invention: TREATMENT OF MENORRHAGIA,
HYPERMENORRHEA,
DYSMENORRHEA AND
MENSTRUAL MIGRAINES BY THE
ADMINISTRATION OF AN
ANTIBACTERIAL MILK PRODUCT

First Named Inventor: Dale Henn

Domestic/Foreign Application: Domestic Application

Filing Date: null

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Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US

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Total Fees Authorized: \$412.0

Payment Category: DA - Deposit Account

Deposit Account Number: 192020

Deposit Account Name: Michael S. Sherrill

TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: HUM221USPT01



TREATMENT OF MENORRHAGIA, HYPERMENORRHEA, DYSMENORRHEA AND MENSTRUAL MIGRAINES BY THE ADMINISTRATION OF AN ANTIBACTERIAL MILK PRODUCT

First Named Inventor: Dale Henn

SUBMITTED BY

Name: Michael S. Sherrill

Registration Number: 32,302

Electronic Signature Mark: /Michael
Sherrill/

Date Signed: 20011115

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal	HUM221USPT01apds.xml
specification	011114 Patent Application.xml
declaration	Declaration page 1.tif
declaration	Declaration page 2.tif
declaration	Declaration page 3.tif
fee-transmittal	HUM221USPT01fee.xml

Attached Image File(s):

Declaration page 1.tif

Declaration page 2.tif

Declaration page 3.tif

011114 Patent Application.xml

Comments:

Small Entity Status Applicant claims small entity status. See 37 C.F.R. 1.27.

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Docket No.
HUM221USPT01

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

TREATMENT OF MENORRHAGIA, HYPERMENORRHEA, DYSMENORRHEA AND MENSTRUAL MIGRAINES BY THE ADMINISTRATION OF AN ANTIBACTERIAL MILK PRODUCT

the specification of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as United States Application No. or PCT International Application Number _____ and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

_____ (Application Serial No.)	_____ (Filing Date)
_____ (Application Serial No.)	_____ (Filing Date)
_____ (Application Serial No.)	_____ (Filing Date)

I hereby claim the benefit under 35 U. S. C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) as agent(s) to prosecute this application and transact all business in the Patent and Trademark C connected therewith. *(list name and registration number)*

All attorneys and agents associated with
Customer No. 23403

Send Correspondence to: Customer No. 23403

Direct Telephone Calls to: *(name and telephone number)*

Michael S. Sherrill at (651) 426-2400

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Second inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Small Business Concern

TOTAL FEES AUTHORIZED: \$ 412

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 192020



Deposit Account Name: Sherrill Law Offices

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Michael S. Sherrill

Electronic Signature Mark: /Michael Sherrill/

Date Signed: 20011115

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	203	\$ 9	0	\$ 0
Independent Claims: 4	202	\$ 42	1	\$ 42

Subtotal For Extra Claims Fees: \$ 42